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The birth of a psychiatric Orphan disorder: Postpartum psychosis

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To the Editor

February 29th is officially marked as “Rare Disease Day”. Hitherto, over 5,800 rare diseases were officially recognized, but not a single adult psychiatric disorder. This leap year for the first time postpartum psychosis is included in the list curated by Orphanet, the reference portal for information on rare diseases.

Postpartum psychosis is one of the most severe and dramatic psychiatric illnesses. It is characterized by the abrupt onset of psychiatric and often neurological symptoms, mostly in the first two weeks postpartum. It affects mainly women without any medical history and is therefore very difficult to predict. The incidence is very low, 0.25-0.5 per 1000 deliveries, but the relative risk for the first onset of affective psychosis is 23 times higher postpartum than at any other period¹.

If promptly and adequately treated, the short term prognosis is promising². The risk for a disabling life-long disease (such as bipolar disorder) and for recurrence after a next pregnancy³ are however high. Postpartum psychosis is also associated with an increased risk of infanticide⁴ and suicide⁵, a leading cause of maternal death.

Postpartum psychosis is an orphan (from Indo-European *orbh*, bereft) disease not only because it is rare, but also because it lacks an official recognition. The uncertainties on its definition and classification have probably prevented consistent conclusions on its pathophysiology and management. Postpartum psychosis nevertheless represents a unique opportunity for psychiatry: in no other situation it is possible to so precisely define the moment of onset. The specific and close relationship with delivery offers the possibility of prevention, and, more generally, of a better understanding of the impact of hormones and the immune system on the brain.

The inclusion of postpartum psychosis in the list of rare disorders is an important recognition for the women affected, their families and the entire psychiatric community. First, it reduces the stigma, by offering an official medical status, promoting scientific information and linking patients and their families with organizations and expert centers. Second, it helps to optimize research efforts by offering a list of ongoing research projects and data repositories, facilitating collaborations and communication between researchers and specialized centres. Finally, as a substantial proportion of women with postpartum psychosis who commit suicides or infanticide were misdiagnosed and therefore did not receive adequate treatment^{4,5}, we also hope that the recognition as a severe, rare disorder will help contrasting the tendency of labelling it as postpartum depression or blues.

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